

Sandia National Laboratories/NM

Facilities Contractor Badge/Clearance Request Form

☐ Construction Contractor
☐ Service Contractor

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|--|-------------------------------------|--|------------------------|
| SDR: | | Phone: <i>Deliver to MO-317 Satellite Badge Office, or fax to (505)284-4087</i> | |
| Contract Number: | Contract Expiration Date: | <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor | |
| <i>Legal Company Name</i> | <i>Street Address or PO Box No.</i> | <i>City</i> | <i>State & Zip</i> |
| <i>Company or Facility Security Officer:</i> | <i>Email:</i> | <i>Phone:</i> | <i>Fax:</i> |

| ⁽¹⁾ Badge Request Type | ⁽²⁾ ES & H Training Type | Social Security Account Number | Employee's Name (Last, First, MI) | Date of Birth | Country of Citizenship | Country of Birth | ⁽³⁾ Job Classification or Position | ⁽⁴⁾ Clearance Requested |
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I hereby **certify** that the individuals above **have met the listed training requirements** to our company's satisfaction (training records on file).

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|------|--------------------------------------|--------------------------|-----------|
| Date | Prime or Sub-Contractor Company Name | Title of Company Officer | Signature |
|------|--------------------------------------|--------------------------|-----------|

I hereby **certify** the above Subcontractor is working on our Prime Contract and this request for badges is necessary for that contract.

| | | | |
|------|-------------------------------|--------------------------|-----------|
| Date | Prime Contractor Company Name | Title of Company Officer | Signature |
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FACILITIES CONTRACTOR BADGE/CLEARANCE REQUEST FORM *INSTRUCTIONS*

I. BADGE/CLEARANCE REQUEST FORM

A. **Intent:** This form is to be used as follows:

1. Access List: Identify Contractor's personnel that are to be badged and/or cleared (or requesting badging/clearance) under the identified contract number.
2. Temporary Badge Request: Identify Contractor's sponsored personnel who are to be issued a temporary badge under the identified contract number.
3. Start Clearance Request: *Clearance Requested* column is to be used only when requesting a new clearance.

B. **Foreign Nationals:** Badge requests for individuals who are not US citizens shall not be initiated using this form.

C. **One Company per Request:** Only one company's (the prime Contractor or a single Subcontractor) employees shall be listed on a form. X-out unused rows on the form. If the form grows to multiple pages (not including these Instructions), insure all pages are bound together and delivered as one.

D. **Delays:** To avoid delays in obtaining a badge:

1. Type all information on the form. Ideally, download and submit the form electronically in MS-Word.
2. Employee Name: Type in following format (*Last Name, First Name, Middle Initial*). If no middle initial, type *NMI* – do **not** leave blank.
3. List only the employees that will visit or perform work on the Sandia campus under this contract.
4. Complete Badge Request Type column correctly – do **not** leave blank.

E. **Inquiries:** Contact the Satellite Badge Office (845-3563) or the designated SDR. You may contact the Badge Office directly for the status of your request if 7 business days have elapsed and you have NOT received a confirmation that the badge is ready.

F. It is not necessary to print and submit these Instructions with each Form, but the Contractors shall maintain one copy in their records.

II. RESPONSIBILITIES

A. Prime Contractors are responsible for requesting badge requests for their employees, as well as for their Subcontractors' employees on the designated contract.

B. Prime Contractors and Subcontractors shall complete and sign (**certify**) the Badge/Clearance Request Form for their respective employees.

C. Prime Contractors and Subcontractors are responsible for maintaining documentation as to the citizenship and birthplace of their employees.

D. Prime Contractors are responsible for returning badges to the Badge Office of individuals no longer working under this contract. If the employee had a clearance, contact the Satellite Badge Office within 48 hours of employee termination for a Security Termination Statement.

III. COLUMN DEFINITIONS

A. **Badge Request Type** (this column *must* be filled out correctly or badge request cannot be processed):

1. **New-UNC:** Issue an uncleared picture badge.
2. **L-File:** L clearance is on file at SNL - issue L cleared picture badge.
3. **Q-File:** Q clearance is on file at SNL - issue Q cleared picture badge.
4. **New-UNCL:** Issue an uncleared picture badge pending L clearance.
5. **New-UNCQ:** Issue an uncleared picture badge pending Q clearance.
6. **Renew:** Renew existing badge to extend contract expiration date – not to be used to start clearance process or issue a new badge.
7. **Clearance:** Start the clearance process, but do not issue an uncleared badge in the interim pending clearance.
8. **Visit:** Contractor-escorted personnel to be issued a temporary uncleared badge. Visitor must carry government-issued picture identification.
9. **Delete:** Individual is to be removed from the access list and no longer requires badge.

B. **ES&H Training Type:** Enter **OSHA** for 10-hour OSHA training, **01065** for ES&H Specification training, **CSS** for Contractor's site-specific or other training, or **N/A** for escorted personnel who will neither perform nor direct work on the job site. Do not leave blank.

C. **Date of Birth:** Enter in this format: 10 June 70 or June 10, 1970. Do not use 6/10/70 as this is ambiguous as to month and day.

D. **Country of Citizenship and Birth:** Use country name or an easily recognized abbreviation, such as USA.

E. **Job Classification or Position:** Enter Project Manager, Superintendent, Foreman, Electrician, Plumber, Estimator, Laborer, etc, as appropriate.

F. **Clearance Requested:** Complete this column ONLY when starting a new clearance request. Enter **New-L** (start L clearance), **New-Q** (start Q clearance), or leave blank if this is a request for a temporary badge